

April 22, 2016

Total 4 Pages

EPA
NESHAPS Coordinator
Air Facilities Branch
290 Broadway, 21<sup>st</sup> Floor
New York, NY 10017

ion:

120 East 75<sup>th</sup> Street New York, NY 10021 Various Locations

To Whom It May Concern:

Please be advised that we are removing an additional 160 linear feet of ACPI located on at the above noted job location.

I have enclosed for your information, a copy of original Notification filed with your office on September 9, 2015 along with our Amendment Letter dated February 8, 2016.

Please do not hesitate to contact me should you require any additional information or clarifications.

Sincerely,

Michael J. Caputo

President



2016 FED 12 PH 2: 27

February 8, 2016

Job No. 16-2185-ASB Via Fax: 212-637-3998

Total 3 Pages

EPA NESHAPS Coordinator Air Facilities Branch 290 Broadway, 21<sup>st</sup> Floor New York, NY 10017

Job Location:

120 East 75<sup>th</sup> Street New York, NY 10021 Various Locations

To Whom It May Concern:

Please be advised that we are amending the Completion Date to 9/10/2016.

Also, we are removing an additional 520 linear feet of ACPI located on at the above noted job location.

I have enclosed for your information, a copy of original Notification filed with your office on September 9, 2015.

Please do not hesitate to contact me should you require any additional information or clarifications.

Sincerely

Michael J. Caputo

President

## Notification of Demolition and Renovation



			and the same of th			
Facility Informa	tion (Identify owner, removal c	ontractor, and ot	her opera	ator)		
ner: 7	5th Street Apartment, Inc.	2015	ED 0			
Address: 1	20 East 75th Street	2010 ()	Lr -3	PM 4: 19		
City: N	lew York	State: Alic C	NY	Zip: 10021		
Contact: E	ileen Cannon			Tel: 212 692-8356		
noval Contractor:	Branch Restoration, Inc.					
Address:	261 West 35th Street, Suite 14	08			is a second of the second of t	
City: 1	New York	State:	NY	Zip:	10001	
Contact:	Michael J. Caputo			Tel:	212 244-8441	
er Operator:					v	
Address:		1				
City:	The second water and the second secon	State:		Zip:		
Contact:				Tel:		
Type of Notific	ation $(O = Original / R = Re$	evised):	0			
			R			
Is Asbestos Pre	sent: (Yes/No) Y					
Facility Descrip	otion (Include building nam	e, number and fl	oor or ro	om number)		
Building Name:						
Address:	120 East 75th Street					
Address:						
City:	New York	State:	NY	County: Manha	attan	
Site Location:	Various Locations					
Building Size:	Sq. Meter:	Sq Ft.: 56,502	# of Flo	ors: 9	Age In Years: 92	
Present Use:	Residential			Prior Use:	Residential	
Procedure, Includ	ing Analytical Method. If appro	opriate, Used to	Detect th	e Presence of Asl	pestos	
Material:						
	arized Light Microscopy (PLM &	Transmission Ele	ectron Mi	icroscopy (TEM)		
					- 1	
Approximate Amo	ount of RACM to be Removed a	nd Non Friable	Asbestos	Material That W	AH T	
	•			Non fr	iable Asbestos Material	
		RACM To	0		Not to be Removed	
		Be Remov	ed	Category I	Category II	
inear Feet			330			
	rs					
	D/YY)		Start: 9/21/15	Completion: 3/21/16		
C. Scheduled Dates of Demo/Renovation (MM/DD/				Start:	Completion:	
	Address: 1 City: N Contact: E noval Contractor: Address: City: Contact: I er Operator: Address: City: Contact: Type of Notific Type of Operat Is Asbestos Pre Facility Descrip Building Name: Address: City: Site Location: Building Size: Present Use: Procedure, Includ Material: Pola Approximate Amo Not be Removed.  Linear Feet Linear Meters Area - Square Meter RACM Off Facility	ner: 75th Street Apartment, Inc.  Address: 120 East 75th Street  City: New York  Contact: Eileen Cannon  noval Contractor: Branch Restoration, Inc.  Address: 261 West 35th Street, Suite 14  City: New York  Contact: Michael J. Caputo  or Operator:  Address:  City:  Contact: Type of Notification (O = Original / R = Re  Type of Operation (D = Demolition / R = Re  Is Asbestos Present: (Yes/No) Y  Facility Description (Include building nam  Building Name:  Address: 120 East 75th Street  Address: Sq. Meter:  Present Use: Residential  Procedure, Including Analytical Method, If apprendate is Procedure, Including Analytical Method, If apprendate is Polarized Light Microscopy (PLM & Approximate Amount of RACM to be Removed a Not be Removed. Specify the Amount of Asbestos  Area - Square Feet  Area - Square Feet  RACM Off Facility Component - Cubic Feet  RACM Off Facility Component - Cubic Feet  RACM Off Facility Component - Cubic Meter  Scheduled Dates of Asbestos Removal (MM/D)	ner: 75th Street Apartment, Inc. Address: 120 East 75th Street City: New York State: Air Contact: Eileen Cannon noval Contractor: Branch Restoration, Inc. Address: 261 West 35th Street, Suite 1408 City: New York State: Contact: Michael J. Caputo or Operator: Address: City: State: Contact: Michael J. Caputo or Operator: Address: City: State: Contact: Type of Notification (O = Original / R = Revised): Type of Operation (D = Demolition / R = Renovation): Is Asbestos Present: (Yes/No) Y Facility Description (Include building name, number and fith Building Name: Address: 120 East 75th Street Address: City: New York State: Site Location: Various Locations Building Size: Sq. Meter: Sq Ft.: 56,502 Present Use: Residential Procedure, Including Analytical Method, If appropriate, Used to Material: Polarized Light Microscopy (PLM & Transmission Ele Not be Removed. Specify the Amount of Asbestos Below:  RACM To Be Removed. Incear Feet Incear Meters Area - Square Feet Area - Square Feet Area - Square Feet RACM Off Facility Component - Cubic Feet RACM Off Facility Component - Cubic Feet RACM Off Facility Component - Cubic Meter Scheduled Dates of Asbestos Removal (MM/DD/YY)	ner: 75th Street Apartment, Inc. Address: 120 East 75th Street  City: New York State: Alic Curl NY. Contact: Eileen Cannon aval Contractor: Branch Restoration, Inc. Address: 261 West 35th Street, Suite 1408  City: New York State: NY. Contact: Michael J. Caputo Fr Operator: Address: City: New York State: NY. Contact: Michael J. Caputo Fr Operator: Address: City: State: Contact: Type of Notification (O = Original / R = Revised): O  Type of Operation (D = Demolition / R = Renovation): R  Is Asbestos Present: (Yes/No) Y  Facility Description (Include building name, number and floor or resulting Name: Address: 120 East 75th Street Address: City: New York State: NY Site Location: Various Locations Building Size: Sq. Meter: Sq Ft.: 56,502 # of Floor Present Use: Residential  Procedure, Including Analytical Method, If appropriate, Used to Detect the Material:  Polarized Light Microscopy (PLM & Transmission Electron Michael Contact of the Amount of Asbestos Below:  RACM To Be Removed  Approximate Amount of RACM to be Removed and Non Friable Asbestos Not be Removed. Specify the Amount of Asbestos Below:  RACM To Be Removed  Area - Square Feet Area - Square Feet Area - Square Meters RACM Off Facility Component - Cubic Feet RACM Off Facility Component - Cubic Meter Scheduled Dates of Asbestos Removal (MM/DD/YY)	Address: 120 East 75th Street  City: New York  Contact: Eileen Cannon  roval Contractor: Branch Restoration, Inc.  Address: 261 West 35th Street, Suite 1408  City: New York  Contact: Michael J. Caputo  roperator:  Address:  City: New York  Contact: Michael J. Caputo  roperator:  Address:  City: State: NY  Contact: Michael J. Caputo  roperator:  Type of Notification  (O = Original / R = Revised): O  Type of Notification  (D = Demollition / R = Renovation): R  Is Asbestos Present: (Yes/No) Y  Facility Description  Building Name:  Address: 120 East 75th Street  Address: 120 East 75th Street  Address: 120 East 75th Street  Address: Size: NY  County: Manha  Size Location: Various Locations  Building Size: Sq. Meter: Sq Ft.: 56,502 # of Floors: 9  Present Use: Residential Prior Use:  Procedure, Including Analytical Method, If appropriate, Used to Detect the Presence of Ast  Material:  Polarized Light Microscopy (PLM & Transmission Electron Microscopy (TEM)  Approximate Amount of RACM to be Removed and Non Friable Asbestos Material That W  Not be Removed. Specify the Amount of Asbestos Below:  Non fr  RACM To  Be Removed  Category I  .inear Feet  .inear Meters  Area - Square Feet  Area - Square Meters  RACM Off Facility Component - Cubic Feet  RACM Off Facility Component - Cubic Feet  RACM Off Facility Component - Cubic Feet  RACM Off Facility Component - Cubic Meter  Scheduled Dates of Asbestos Removal (MM/DD/YY)  Start: 9/21/15	

continued on page 2

Figure 1. Notification of Demolition and Renovation

## Notification of Demolition and Renovation

X.	Description of Planned Demolition or Renovation Work, And Method(s) to be Used:										
	Removal of Friable Pipe Insulation-Utilizing Tent Procedures.										
XI.	Description	ription of Engineering Controls and Work Practices to be Used to control Emissions of									
	Asbestos at	the Demolit	ion and Renovation	Site:							
ļ	Tent Procedures with Remote Decontamination Unit, HEPA Filter, Negative Air Units.										
XII	Waste Tra	nsporter#	1								
	Name:										
	Address:	2 Morich	nes Middle Island R	d.							
	City:	Shirley		State:	NY	Zip:	11967				
	Contact Per	son:	Butch/Kenny			Tel:	631-924-5050				
	Waste Transporter #2.										
-	Name:										
	Address:										
	City:	,		State:		Zip:					
	Contact Per	son::				Tel:					
XII	Waste Disp	WEATHER STORY									
ALL.	Name:		Enterprises, Inc.								
	Address:	9000 Mir									
	City:	Waynesb		State:	ОН	Zip:	44688				
	Telephone:	330-866-3		State.							
XIV	If Demolitie		l by a Governmen	t Agency Please	Identify	the Agency I	Below:				
AIV	Name:	or derec	I by a Governmen	t Agency, 1 least	Title:						
	Authority:				T I I I I I						
	Date of Orde	··· (MM/DE	VVV)•		Date O	order to Begin	(MM/DD/YY):				
XV.					Date C	ider to 2 ·g					
AV.	For Emergency Renovations  Date and Hour of Emergency (MM/DD/YY):										
	Description	or the Sudo	len, Unexpected Ev	ent:							
		err il E i G ivi C G ivi C i i Discontian of industrial Operations									
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of industrial Operations:										
						shoetes is four	nd of				
KV.	Description of	fprocedure	s to be Followed in t	the Event that Un	expecteu A Deborized	or Peduced	to Powder				
	Previously No	nfriable As	bestos Material Bec	omes Crumblea,	Pulverizeu,	, or Reduced	o i owaci.				
raci											
	pplication of a	mended wa	ater, Hepa vacuumi	ng.	(40	CED Dort 61	Subpart MO				
CV.	I certify that a	ın individu	al trained in the pro	visions of this reg	ulation (40	CFR Fart UL	raining has been				
	Accomplished	during the	Demolition or Reno son will be available	for Inspection d	uring Norn	nal Business b	ours.				
	(Required 1 ye	ear after Pr	comulgation)	inspection a			9/3/15				
	(Required 1 )	our arter I r	omargation)				7 - 7.3				
			Sign	nature of Owner/	Doerator		Date				
<b>(V</b> )	I Cartify that	the above i	iformation is correct				2/1				
<b>V</b> 3	i Ceruiy mat	inc abuye li	TO MINITURE IS CONTINUED	大人			9/3/15				
			Sim	ature of Owner/0	nerator		Date				
			Sign	achie or Owner	Polato						